

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																							
1 Date of Request: <u>3/14/00</u>		2 Serial/Patent # <u>09/476152</u>																					
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td><td style="width: 95%;">Filing</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Amendment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Extension of Time</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Petition</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Issue</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Maintenance</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Assignment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Other</td></tr> </table>	<input checked="" type="checkbox"/>	Filing	<input type="checkbox"/>	Amendment	<input type="checkbox"/>	Extension of Time	<input type="checkbox"/>	Notice of Appeal/Appeal	<input type="checkbox"/>	Petition	<input type="checkbox"/>	Issue	<input type="checkbox"/>	Cert of Correction/Terminal Disc.	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Assignment	<input type="checkbox"/>	Other	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/>	Filing																						
<input type="checkbox"/>	Amendment																						
<input type="checkbox"/>	Extension of Time																						
<input type="checkbox"/>	Notice of Appeal/Appeal																						
<input type="checkbox"/>	Petition																						
<input type="checkbox"/>	Issue																						
<input type="checkbox"/>	Cert of Correction/Terminal Disc.																						
<input type="checkbox"/>	Maintenance																						
<input type="checkbox"/>	Assignment																						
<input type="checkbox"/>	Other																						
			\$ <u>831</u>																				
			\$																				
			\$																				
			\$																				
			\$																				
			\$																				
			\$																				
			\$																				
			\$																				
7 TOTAL AMOUNT OF REFUND			\$ <u>831</u>																				
8 TO BE REFUNDED BY: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 95%;">Treasury Check</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Credit Deposit A/C #:</td> </tr> <tr> <td style="text-align: center;">9</td> <td> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">--</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </td> </tr> </table>				<input checked="" type="checkbox"/>	Treasury Check	<input type="checkbox"/>	Credit Deposit A/C #:	9	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">--</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			--											
<input checked="" type="checkbox"/>	Treasury Check																						
<input type="checkbox"/>	Credit Deposit A/C #:																						
9	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">--</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			--																			
		--																					
10 REASON: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 95%;">Overpayment</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Duplicate Payment</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>No Fee Due (Explanation):</td> </tr> </table>				<input checked="" type="checkbox"/>	Overpayment	<input type="checkbox"/>	Duplicate Payment	<input type="checkbox"/>	No Fee Due (Explanation):														
<input checked="" type="checkbox"/>	Overpayment																						
<input type="checkbox"/>	Duplicate Payment																						
<input type="checkbox"/>	No Fee Due (Explanation):																						
11 REFUND REQUESTED BY: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> TYPED/PRINTED NAME: <u>J. Dade</u> </td> <td style="width: 40%;"> TITLE: _____ </td> </tr> <tr> <td> SIGNATURE: _____ </td> <td> PHONE: _____ </td> </tr> <tr> <td colspan="2"> OFFICE: _____ </td> </tr> <tr> <td colspan="2" style="text-align: center;"> ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** </td> </tr> <tr> <td> APPROVED: _____ </td> <td> DATE: _____ </td> </tr> </table>				TYPED/PRINTED NAME: <u>J. Dade</u>	TITLE: _____	SIGNATURE: _____	PHONE: _____	OFFICE: _____		***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****		APPROVED: _____	DATE: _____										
TYPED/PRINTED NAME: <u>J. Dade</u>	TITLE: _____																						
SIGNATURE: _____	PHONE: _____																						
OFFICE: _____																							
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****																							
APPROVED: _____	DATE: _____																						

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**